### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
MOVEON.ORG POLITICAL ACTION		C C00341396				
		9 333,733				
Check if 24-hour report 48-hour report New report	ort Amends report file	ed on Man / Dab / Yayayay				
Full Name of Payee Chong & Koster		Date of Public Distribution/Dissemination				
	10 07 2016					
Mailing Address 1244 19th St. NW	Amount					
City State	Zip Code	500.00				
Washington DC	20036	Transaction ID : SE.11424  Date of Disbursement or Obligation				
Purpose of Expenditure Online Advertising	Category/ Type	10 11 2016				
Name of Federal Candidate	Support Office	ce Sought: House District: 00				
BURR, RICHARD, , ,	X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	4044.22 Disk 2016	bursement For: Primary <b>X</b> General 6 Other (specify) ▶				
Full Name of Payee Chong & Koster		Date of Public Distribution/Dissemination				
		10 10 / 2016				
Mailing Address 1244 19th St. NW		Amount				
City State	Zip Code	500.00				
Washington DC	20036	Transaction ID : SE.11425 Date of Disbursement or Obligation				
Purpose of Expenditure Online Advertising	Category/ Type	10 11 2016				
Name of Federal Candidate	Support Office	ce Sought: House District: 00				
BURR, RICHARD, , ,	<b>X</b> Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	4544.22 Disl 201	bursement For: Primary <b>X</b> General 16 Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures	,	1000.00				
(c) TOTAL Independent Expenditures	<b>•</b>					
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		· · · · · · · · · · · · · · · · · · ·				
Matzzie, Tom, , , [Electroni	<i>ically Filed]</i> □ Date	10 22 2016				
Signature						

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	Titudic L)					FOR SE O	FORM 24/48	
	ME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ON NUMBER ▼	
ıVl	OVEON.ORG POLITICAL ACTION				C	C00341396		
Che	eck if 24-hour report 48-hour report New report	Ar	mends repo	rt filed o	on M M	/ D D /	Y = Y = Y = Y	
T	Full Name of Payee	_			Date of Pub	olic Distribution	/Dissemination	
	Chong & Koster				10	12	2016	
	Mailing Address 1244 19th St. NW				Amount			
ŀ	City State Zip Co	ode					1250.00	
	Washington DC 20036				Transaction ID : SE.11426 Date of Disbursement or Obligation			
		gory/ Type			M M 10	12	2016	
f	Name of Federal Candidate		Support	Office S	Sought:	House	District:00	
	BURR, RICHARD, , ,	×	Oppose	F	President	<b>X</b> Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought 57	94.22	2	Disburs 2016	Sement For:	Primary	<b>✗</b> General	
ŀ	Full Name of Payee						n/Dissemination	
	Columbia Road Media				M M M	/ Distribution / 08	2016	
	Mailing Address PO Box 53335				Amount	00	2010	
ŀ	City State Zip Co	ode					41.61	
	Washington DC 2000	9				ID : SE.11427 bursement or		
		gory/ Type			10	07	2016	
ľ	Name of Federal Candidate		Support	Office	Sought:	House	District:00	
	BURR, RICHARD, , ,	×	Oppose		•	<b>X</b> Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought 35	544.2	2	Disburs 2016	sement For: Other (	Primar	y <b>X</b> General	
(	(a) SUBTOTAL of Itemized Independent Expenditures						1291.61	
(	(b) SUBTOTAL of Unitemized Independent Expenditures							
(	(c) TOTAL Independent Expenditures			· •				
٧	Under penalty of perjury I certify that the independent expenditures reports with, or at the request or suggestion of, any candidate or authorized common party committee) any political party committee or its agent.							
	Matzzie, Tom, , ,  [Electronically F	`iled1	Date	M = 10			16	
	Signature							
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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

			FOR SE OF FORM 24/48		
	OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
IVIO	VEON.ORG POLITICAL ACTION		C C00341396		
Check	if X 24-hour report 48-hour report New report	ort Amends report file	d on Mam / Dab / Yayayay		
	III Name of Payee		Date of Public Distribution/Dissemination		
	Columbia Road Media		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Ma	ailing Address PO Box 53335		Amount		
Ci	ty State	Zip Code	41.61		
٧	/ashington DC	Transaction ID : SE.11428 Date of Disbursement or Obligation			
	urpose of Expenditure Internet Advertising	Category/ Type	10 13 1 2016		
Na	ame of Federal Candidate	Support Office	ee Sought: House District:00		
В	URR, RICHARD, , ,	<b>X</b> Oppose	President Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought	5919.13 Disk 2016	oursement For: Primary		
	Name of Payee Facebook	1	Date of Public Distribution/Dissemination		
М	ailing Address 1601 Willow Rd		10 13 2016 Amount		
Ci	ity State	Zip Code	83.30		
N	Menlo Park CA	94025	Transaction ID : SE.11430 Date of Disbursement or Obligation		
	urpose of Expenditure nternet Advertising	Category/ Type	10 13 2016		
	ame of Federal Candidate	Support Office	ce Sought: House District: 00		
В	URR, RICHARD, , ,	<b>X</b> Oppose	President Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought	5877.52 Disk 201	oursement For: Primary General  Other (specify)		
(a)	SUBTOTAL of Itemized Independent Expenditures	·····	124.91		
(b)	SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>			
(c)	TOTAL Independent Expenditures	······································			
with	der penalty of perjury I certify that the independent expenditures a, or at the request or suggestion of, any candidate or authorized ty committee) any political party committee or its agent.				
_	Matzzie, Tom, , , [Electron:	ically Filed] Date	10 22 2016		
	Oignature				

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# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	meduic Ly			FOR SE OF	FORM 24/48	
	ME OF COMMITTEE (In Full)		FEC I	IDENTIFICATI	ON NUMBER ▼	
ı۷	IOVEON.ORG POLITICAL ACTION		С	C00341396		
Ch	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y = Y = Y = Y	
٦	Full Name of Payee	Date o	of Publ	lic Distribution	/Dissemination	
	PDQ Printing		10 <sup>M</sup>	07	2016	
	Mailing Address 3820 S Valley View Blvd	Amour	nt			
	City State Zip Code		-		3247.61	
Las Vegas NV 89103			Transaction ID : SE.11431 Date of Disbursement or Obligation			
	Purpose of Expenditure Literature  Category/ Type	М	10 <sup>M</sup>	07	2016	
	Name of Federal Candidate  Support  Office	Sought	t:	House	District:00	
	ROSS, DEBORAH K, , ,	Preside	l.	<b>X</b> Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement		Primary	√ <b>X</b> General	
	Tot Election for Office Sought			specify)		
	Full Name of Payee PDQ Printing		- M	/ D D /	n/Dissemination	
	Mailing Address 3820 S Valley View Blvd	L	10	22	2016	
		Amour	nt			
	City State Zip Code				216.03	
	2000			ID: SE.11433 bursement or		
	Purpose of Expenditure Printing/Brochures  Category/ Type	M	10 <sup>M</sup>	22	2016	
	Name of Federal Candidate Support Office	e Sought	t:	House	District:00	
	DOOG DEDODALIK	Preside	ent	<b>X</b> Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2016			Primary	y <b>X</b> General	
	(a) SUBTOTAL of Itemized Independent Expenditures			7	3463.64	
	(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures					
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.					
	Matzzie, Tom, , ,  [Electronically Filed] Date		22	D / Y Y 20°	16	
_	Signature	<u>.</u>			ــــــــــــــــــــــــــــــــــــــ	
		·		<b>.</b>		

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#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary   2016  Other (specify) ▶	/48
Check if  24-hour report  48-hour report	ER ▼
Check if	
Solidarity Strategies LLC  Mailing Address 1090 Vermont Ave, NW Suite 300  City State Zip Code Washington DC 20005  Purpose of Expenditure Literature Category/ Type To Mame of Federal Candidate ROSS, DEBORAH K, , ,  Calendar Year-To-Date Per Election for Office Sought  Mame of Federal Candidate ROSS, DEBORAH K, , ,  Calendar Year-To-Date Per Election for Office Sought  Mame of Federal Candidate ROSS, DEBORAH K, , ,  Disbursement For: Primary X Germany  Disbursement For: Primary X Germany  Other (specify) ▶	Y
Mailing Address 1090 Vermont Ave, NW Suite 300  City State Zip Code Washington DC 20005  Purpose of Expenditure Literature Category/ Type T0 0ffice Sought: House District:  ROSS, DEBORAH K, , , Oppose President   Calendar Year-To-Date Per Election for Office Sought 3502.61  Amount  Amount  Category/ Type D0 10 07 2016  Category/ Type T0 0ffice Sought: House District:  Oppose President   Category/ Type D1 0 07 2016  Other (specify)   Category/ Type D1 0 07 2016  Other (specify)   Category/ Type D2 07 2016  Other (specify)   Category/ Type D3 07 2016  Othe	YY
City State Zip Code  Washington DC 20005  Purpose of Expenditure Literature Category/ Type Toffice Sought: House District:  ROSS, DEBORAH K, , ,  Calendar Year-To-Date Per Election for Office Sought  State Zip Code  255.0  Transaction ID : SE.11432  Date of Disbursement or Obligation  M M M M O O7 / 2016  Support Office Sought: House District:  Oppose President X Senate State:  Disbursement For: Primary X Geometric Sought State:  Other (specify) ▶	
Washington  DC 20005  Transaction ID: SE.11432 Date of Disbursement or Obligation  Purpose of Expenditure Literature  Category/ Type  Name of Federal Candidate  ROSS, DEBORAH K, , ,  Calendar Year-To-Date Per Election for Office Sought  DC 20005  Transaction ID: SE.11432 Date of Disbursement or Obligation  M M / D 07 / 2016  Office Sought: House District:	
Purpose of Expenditure Literature  Category/ Type  Type  Category/ Type  Name of Federal Candidate  ROSS, DEBORAH K, , ,  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Office Sought:  House District: Oppose  President   Senate State:  Disbursement For:  Primary  Category/ Type  10  Office Sought:  House District:  Oppose  President   Other (specify)   Other (specify)	)0
ROSS, DEBORAH K, , ,  Calendar Year-To-Date Per Election for Office Sought  Support Office Sought  Disbursement For:  2016  Other (specify)	
ROSS, DEBORAH K, , ,  Calendar Year-To-Date Per Election for Office Sought  Oppose  President  Senate State:  Disbursement For:  Primary  Sought  Other (specify)  Other (specify)	00
Per Election for Office Sought  3502.61  2016  Other (specify) ▶	NC
	eneral
Full Name of Payee Date of Public Distribution/Dissemina	
Mailing Address  Amount	
City State Zip Code	
Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation	Y = Y
Name of Federal Candidate  Support Office Sought: House District:  Oppose President Senate State:	
	eneral
(a) SUBTOTAL of Itemized Independent Expenditures	0
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	6
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultation, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poparty committee) any political party committee or its agent.	
Matzzie, Tom, , , [Electronically Filed] Date 10 22 2016 Signature	